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SANTA FE	/			
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	/		
INANSPORTER	GAS			
OPERATOR				
PRORATION OF				
Operator	Jean			
Address				
Reason(s) for filing	proper	box		
New Well				
Recompletion				
Change in Ownershi				

## NEW MEXICO OIL CONSERVATION COMMISSION

-	SANTA FE /		FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS		
ŀ	LAND OFFICE OIL /	<del>-</del>				
	TRANSPORTER GAS					
. }	PRORATION OFFICE					
" - }	perator					
-	ddress					
	Box 2 / Commoly, Colorado 81648 Other (Please explain)					
	Reason(s) for filing (Check proper box)  Other (Please explain)  Other (Please explain)					
	Recompletion	Cil Dry Gas				
	Change in Ownership	Casinghead Gas Conden	sate			
1	If change of ownership give name and address of previous owner	turply 011 Corp., 200	) Jeffernon Ave., El Do	ordo, triances 71770		
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lea	se Lease No.		
	Lease Name No ve jo AA	4 Forth Heav Co.	a, , =	al or Fee Indian		
	Location		サラル	West		
	Unit Letter;	Feet From The 10 Lin	e and <u>Feet From</u>	ine		
	Line of Section 7	Ownship 28 Range	74 , NMPM, (%)	Jun County County		
***	DECICIONATION OF TRANSPO	RTER OF OIL AND NATURAL GA	.S	,		
111.	Name of Authorized Transporter of C	or Condensate	Address force address to mitter of			
	Name of Authorized Transporter of (	Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)		
	Name of Authorized Transporter of					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	hen		
	give location of tanks.	17 52N 17#	give commingling order number:			
IV.	If this production is commingled COMPLETION DATA	with that from any other lease or pool,	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Comple		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	6 - 28 - 63	7 - 2 - 63  Name of Producing Formation	1794¹ Top Oil/Gas Pay	179/.* Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.	Lower Gallup	17391	1776		
	Perforations	4-1-0-47571		Depth Casing Shoe		
	1743 - 47° and 1 notch @ 1743° TUBING, CASING, AND CEMENTING RECORD			112		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	9*	8 5/8*	191	10 Sx		
	64 "	514	17941	60 Sx		
		TO AT YOU AND TO AT A TO A TO A TO A TO A TO A TO A	the second of total volume of load of	il and must be equal to or exceed top allow-		
V.	TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  OIL WELL  Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	11)1, 610.7		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		OH DVI	Water-Bbls.	Gas MOR?		
	Actual Prod. During Test	Oil-Bbis.		11213211145		
				MAY 27 1970		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Candengate COM.		
	Actual Ploa. 1981 Moly		101-11-10-1	Choke Size DIST. 3		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAY 2 7 1970			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original Staned by	Emery C. Arnold 19		
		ed with and that the information given the best of my knowledge and belief.	BY SUPERVISOR DIST. #9			
			TITLE			
			This form is to be filed in compliance with RULE 1104.			
	James L Wassley		If this is a request for allowable for a newly drilled or deepened			
James Defracley (Signature)  OWNEY (Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.			
		12 MEC/	Separate Forms C-104 m	nust be filed for each pool in multiply		
			at a simple common			